



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

November 6, 2017

Anthony Melson, Board Chair  
Boys and Girls Club of Greater Kingsport, Incorporated  
PO Box 511  
Kingsport, Tennessee 37664

Dear Mr. Melson:

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Boys and Girls Club of Greater Kingsport, Inc. (Sponsor), Application Agreement number 00-173, on September 20, 2017. We reviewed the Sponsor's records of reimbursements and expenditures for April 2017 for the At-Risk Program, and for July 2017 for the Independent Center at the Sponsor's location. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had two at-risk after school feeding sites operating during April 2017. We selected the Cloud site as the sample site. In addition, we reviewed the Boys & Girls of Greater Kingsport child care center.

**Background**

CACFP sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and TDHS to be eligible for reimbursement. The CACFP Sponsor reports the number of meals served through the TDHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal count sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, we observed a supper meal service at Cloud site on April 19, 2017, and a lunch meal service at Boys & Girls of Greater Kingsport on July 20, 2017.

## ***At-Risk Program***

Our review of the Sponsor's records for the At-Risk Program for April 2017 disclosed the following:

### **1. The Sponsor's menus did not contain all required components**

#### Condition

Based on our review of the Sponsor's menus for April 2017, we noted that the menus did not contain all of the USDA required components.

A supper meal consists of one serving of meat or meat alternate, two servings of fruit and/or vegetables, one serving of bread/grains, and one serving of fluid milk, however the Sponsor's menus at Cloud at-risk feeding site did not include all meal components. The following is a summary of the missing meal component(s) at the Cloud at-risk feeding site:

<b>Date</b>	<b>Menu Served</b>	<b>Missing Component</b>	<b>Meals Disallowed</b>
4/3/17	Salisbury steak, sliced whole potatoes, mixed fruit (diced pears, diced peaches, white grapes) and milk	Bread/grain	26 suppers
4/13/17	Beef ravioli, tossed salad (iceberg lettuce, romaine lettuce, red cabbage, carrots), pineapple and milk	Bread/grain	29 suppers
4/24/17	Salisbury steak, sliced whole potatoes, mixed fruit (diced pears, diced peaches, white grapes) and milk	Bread/grain	26 suppers

As a result of the review, we determined that 81 supper meals were disallowed. (See Exhibit B)

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.17a (I)* states, "At-risk afterschool snacks must meet the meal pattern requirements for snacks in §226.20(b)(6) and/or (c)(4); at-risk afterschool meals must meet the meal pattern requirements for meals in §226.20(b)(6) and/or (c)(1), (c)(2), or (c)(3)."

#### Recommendation

The Sponsor should ensure that all meals claimed for reimbursement include all required meal components, in accordance with the USDA meal pattern.

### **2. The Sponsor monitoring of its feeding sites was not completed as required**

#### Condition

Based on review of the documentation provide by the Sponsor, we noted that the Sponsor monitoring of its feeding site was not in compliance with the USDA requirements. The documents showed that the Cloud feeding site was monitored only two times during a twelve month period (November 2016 and February 2017), however, the feeding site should

have been monitored three times in a twelve-month period and cannot have more than six months between monitoring.

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.16 (d)(4)(iii) states “ Frequency and type of required facility reviews.*

Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition:

- (A) At least two of the three reviews must be unannounced;
- (B) At least one unannounced review must include observation of a meal service;
- (C) At least one review must be made during each new facility's first four weeks of Program operations; and
- (D) Not more than six months may elapse between reviews.”

#### Recommendation

The Sponsor should ensure that the required monitoring of the feeding site is completed in accordance with the UDA requirements.

### ***Independent Center***

Our review of the Sponsor's records for the Independent Center for July 2017 disclosed the following:

#### **1. One CACFP application did not have all of the required information**

##### Condition

Based on our review of the CACFP applications on file for July 2017, we noted that one participant whose application was classified as free; however, the application did not have a parent or guardian signature on the application. Therefore, this participant was reclassified as paid.

The adjustment in the free and paid categories affected the claiming percentages. (See Exhibit C)

##### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10 (c) states, in part, “...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ....”*

##### Recommendation

The Sponsor should ensure that the CACFP applications are complete and participants in the CACFP are classified correctly.

#### **2. The Sponsor's claim for reimbursement for meals served was not accurate**

### Condition

Based on our review of the Claim for Reimbursement for July 2017, we noted that the Sponsor claimed 1,231 breakfast meals, 1,651 lunch meals, and 1,357 supplements. However, our review of the Sponsor's records supporting the claim, we noted that 1,246 breakfast meals, 1,667 lunch meal, and 1,371 supplements prior to any meal disallowances. (See Exhibit B)

As a result of the review, we noted that the Sponsor underreported 15 breakfast meals, 16 lunch meals, and 14 supplements.

### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10 (c)* states, in part, "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ...."

### Recommendation

The Sponsor should ensure that the number of meals submitted for reimbursement is based on the supporting documentation and completed correctly.

## **3. The Sponsor's menus did not contain all required components**

### Condition

Based on our review of the Sponsor's menus for July 2017, we noted that the menus did not contain all of the USDA required components.

A lunch meal consists of one serving of meat or meat alternate, two servings of fruit and/or vegetables, one serving of bread/grains, and one serving of fluid milk. The menus provided for the Boys and Girls Club of Greater Kingsport indicated the following:

Date	Menu Served	Missing Component	Meals Disallowed
7/13/17	Beef ravioli, tossed salad (iceberg lettuce, romaine lettuce, red cabbage , carrots), pineapple and milk	Bread/grain	120 lunches
7/24/17	Salisbury steak, sliced whole potatoes, mixed fruit (diced pears, diced peaches, white grapes) and milk	Bread/grain	102 lunches

As a result or the review, we determined that 222 lunch meals claimed were disallowed. (See Exhibit C)

### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.20* requires that each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20. ..."

#### Recommendation

The Sponsor should ensure that all meals claimed for reimbursement include all required meal components, in accordance with the UDSA meal pattern.

#### **4. One participant's enrollment addendum form was missing information**

##### Condition

Based on our review of the participants' files, we noted that one participant's enrollment addendum form was not dated or signed by a parent.

##### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.15 (e)(2) states "Documentation of the enrollment of each participant at centers (except for outside-school-hours care centers, emergency shelters, and at-risk afterschool care centers). All types of centers, except for emergency shelters and at-risk afterschool care centers, must maintain information used to determine eligibility for free or reduced-price meals in accordance with §226.23(e)(1). For child care centers, such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."*

##### Recommendation

The Sponsor should ensure that participants enrollment forms are completed and updated annually.

#### **Technical Assistance**

The Sponsor declined technical assistance stating no assistance was needed.

#### **Disallowed Meals Cost**

The menu errors at the Cloud site resulted in disallowed meal costs of \$274.59. The menu errors and the incorrect reporting of free, reduced-price and paid participants at Boys & Girls of Greater Kingsport resulted in disallowed meals costs of \$749.13.

The total disallowed meals cost results in a total overpayment of \$1,023.72.

#### **Corrective Action**

Boys and Girls Club of Greater Kingsport, Inc. must complete the following actions within 30 days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim submitted for the Sponsors Eastman feeding site for July 2017 and Cloud feeding site for the April 2017 which contains the verified claim data from the enclosed exhibit.

- Remit a check payable to the ***Tennessee Department of Human Services*** in the amount of \$1,023.72 for recovery of the amounts disallowed in this report. **Please return the attached billing notice with your check**; and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director  
Child and Adult Care Food Program  
8th Floor Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243  
Allette.Vayda@tn.gov  
(615) 313-3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Child and Adult Care Food Program  
Fiscal Services  
11th Floor, Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243

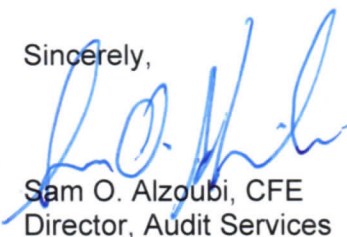
In accordance with the federal regulation found at 7 CFR Part 226.6 (k), your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services  
Appeals and Hearings Division, Clerk's Office  
P.O. Box 198996  
Nashville, TN 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE  
Director, Audit Services

Exhibits

cc: Lisa Beilharz, President, CEO, Boys & Girls of Greater Kingsport, Inc.  
Anne Beckelman, Vice President of Development, Boys & Girls of Greater Kingsport, Inc.  
Allette Vayda, Director, Child and Adult Care Food Program  
Debra Pasta, Program Manager, Child and Adult Care Food Program  
Constance Moore, Program Specialist, Child and Adult Care Food Program  
Marty Widner, Program Specialist, Child and Adult Care Food Program  
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program  
Comptroller of the Treasury, State of Tennessee

## EXHIBIT A

### Verification of CACFP Sponsor of At-Risk Afterschool Meals Program

**Sponsor:** Boys and Girls Clubs of Kingsport, Inc.

**Review Month/Year:** April 2017

**Total Reimbursement:** \$2,840.82

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of Days that CACFP Food Service was operated	19	19
Number of Sites	XXXXXXXX	2
Total Attendance	918	918
Number of Suppers Served	838	757
Total Amount of Food Costs	XXXXXXXX	\$2,477.06
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$2,477.06

## EXHIBIT B

### Verification of At-Risk Afterschool Meals Program Individual Site Review Data

**Review Month/Year:** April 2017

**Site:** Cloud

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Meal Count Sheets</b>
Number of Days that CACFP Food Service was operated	19	19
Total Attendance	549	549
Number of Suppers Served	515	434



## EXHIBIT C

### Verification of CACFP Affiliated Center Claim

Sponsor: Boys and Girls Clubs of Kingsport, Inc.

Review Month/Year: July 2017

Amount of Reimbursement: \$7,472.21

Program Area	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	16	16
Total Attendance	1,964	1,964
Number of Breakfasts Served	1,231	1,246
Number of Lunches Served	1,651	1,445
Number of Supplements Served	1,357	1,371
Number of Participants in Free Category	139	138
Number of Participants in Reduced-Price Category	26	26
Number of Participants in Paid Category	36	37
Total Number of Participants	201	201
Total Amount of Food Costs	XXXXXXXX	\$4,541.81
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$7,215.28



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COMMISSIONER

November 6, 2017

Anthony Melson, Board Chair  
Boys and Girls Club of Greater Kingsport, Incorporated  
PO Box 511  
Kingsport, Tennessee 37664

**Notice of payment due to findings disclosed in the monitoring report dated November 6, 2017 for  
Child and Adult Care Food Program (CACFP).**

Institution Name:	Boys and Girls Club of Greater Kingsport, Inc.
Institution Address:	PO Box 784 Kingsport, Tennessee 37662
Agreement Number:	00-173
Amount Due:	\$1,023.72
Due Date:	December 6, 2017

Based on the monitoring report issued on November 6, 2017 by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services - Food Programs - CACFP & SFSP management has agreed with the findings which require your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$1,023.72 by the due date to:

**Tennessee Department of Human Services  
Fiscal Services 11<sup>th</sup> Floor  
Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243-1403**

Please note that the unallowed cost/overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of the 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services - Food Programs - CACFP & SFSP at (615) 313-3769 or [Allette.Vayda@tn.gov](mailto:Allette.Vayda@tn.gov).

Thank you for your attention

**Corrective Action Plan for Monitoring Findings**

**Instructions:** Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink.  
**Please return ALL pages of the completed Corrective Action Plan form.**

**Section A. Institution Information**

Name of Sponsor/Agency/Site: Boys and Girls Club of Greater Kingsport, Inc	Agreement No. 00173	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP

Mailing Address: P.O. Box 511 Kingsport, Tennessee 37664

**Section B. Responsible Principal(s) and/or Individual(s)**

Name and Title: Anthony Melson, Board Chair	Date of Birth:    /    /

**Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan**

Monitoring Report: 11/06/17	Corrective Action Plan: 11/06/17

**Section D. Findings****At Risk Program**

1. The Sponsor's menus did not contain all required components.
2. The Sponsor monitoring of its feeding sites was not completed as required.

**Independent Center**

1. One CACFP application did not have all of the required information.
2. The Sponsor's claim for reimbursement for meals served was not accurate.
3. The Sponsor's menus did not contain all required components.
4. One participant's enrollment addendum form was missing information.

The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

**At Risk Program**

**Measure No. 1: The Sponsor's menus did not contain all required components.**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No.2: The Sponsor monitoring of its feeding sites was not completed as required.**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Independent Center**

**Measure No. 1: One CACFP application did not have all of the required information**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

**Measure No. 2: The Sponsor's claim for reimbursement for meals served was not accurate**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No. 3: The Sponsor's menus did not contain all required components**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:



Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No.4: One participant's enrollment addendum form was missing information**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: \_\_\_\_\_

Date: / /

Signature of Authorized TDHS Official: \_\_\_\_\_

Date: / /

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;

(c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to forward an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.

3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.

4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.

6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16th calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

7. To be considered for a fair hearing or for a review of written information in lieu of a fair

**Appeal Procedures for Child and Adult Care Food Program-Institutions**  
**Revised March 2017**

hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

**Appeal Procedures for Child and Adult Care Food Program-Institutions**  
**Revised March 2017**

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

**Tennessee Department of Human Services**  
**Division of Appeals and Hearings**  
**PO Box 198996, Clerk's Office**  
**Nashville, TN 37219-8996**  
**Fax: (615) 248-7013 or (866) 355-6136**  
**E-mail: [AppealsClerksOffice.DHS@tn.gov](mailto:AppealsClerksOffice.DHS@tn.gov)**

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.